
LOS ANGELES COUNTY
Commission ON HIV HEALTH SERVICES

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Committee members.

*Only members of the Commission on HIV Health Services are accorded voting privileges,
thus Commissioners who have not signed in cannot vote.*

COMMISSION MEETING MINUTES
March 11, 2004

APPROVED
April 8, 2004

| MEMBERS PRESENT | MEMBERS ABSENT | OTHERS PRESENT | STAFF PRESENT |
|--|-------------------------------------|-----------------|---------------------|
| Al Ballesteros, <i>Co-Chair</i> | Nettie DeAugustine, <i>Co-Chair</i> | Regina Brandon | Frank Baez |
| Ruben Acosta | Ruth Davis | Alex Cuatro | Kyle Baker |
| Jayne Adams | Nancy Eugenio | Jean Davis | Angela Boger |
| Adrian Aguilar | Alexander Gonzales | Tom Donohoe | John Ellis |
| Carla Bailey | John Griggs | Douglas Frye | Patricia Gibson |
| Carrie Broadus | Dana Pierce-Hedge | Alex Garcia | Michael Green |
| Robert Butler | Alexis Rivera | Miki Jackson | Raymond Johnson |
| Charles Carter | Fontaine Shockley | Elliot Johnson | Leticia Martinez |
| Richard Eastman | Fariba Younai | Sue Lemme | Grant Neie |
| Whitney Engeran | | Maxine Liggins | Jane Nachazel |
| Gunther Freehill | | Luis Lopez | Vicky Nagata |
| William Fuentes | | Juan Marte | Ijeoma Nwachuku |
| David Giugni | | Andy Martinez | Wally Rothbart |
| Michael Gray | | Jo Messore | Martha Ruiz |
| Marc Hauptert | | Ric Parish | Rene Seidel |
| Charles Henry | | Jane Price | James Stewart |
| Rebecca Johnson-Heath/ Starla White | | Nicholas Rocca | Diana Vasquez |
| Wilbert Jordan | | Natalie Sanchez | Craig Vincent-Jones |
| Marcy Kaplan | | Kimberly Scott | Nicole Werner |
| Brad Land/Dean Page | | Porsche Walker | Juhua Wu |
| Michael Lewis | | Jan Wise | |
| Anna Long | | | |
| Andrew Ma | | | |
| Elizabeth Marte | | | |
| Dani Mejia | | | |
| Edric Mendia | | | |
| Vicky Ortega | | | |
| John Palomo | | | |
| Mark Parra | | | |
| Chris Perry | | | |
| Wendy Schwartz | | | |
| Paul Scott | | | |
| Vanessa Talamantes | | | |
| Kevin Van Vreede | | | |
| Kathy Watt | | | |

- I. **CALL TO ORDER:** Mr. Ballesteros called the meeting to order at 9:40 a.m. He welcomed the Title I Project Officer, Jo Messore, visiting from Washington DC. Mr. Stewart, Parliamentarian, noted that Mr. Rothbart would support the meeting in his place due to a prior commitment. Mr. Ballesteros noted that Co-Chair Nettie DeAugustine was out of town and asked Mr. Engeran to assist with the meeting.
- II. **APPROVAL OF AGENDA:** The agenda was approved without objection (**MOTION #1**).

III. **APPROVAL OF MEETING MINUTES:** The minutes of the February 12, 2004 meeting were approved without objection (**MOTION #2**).

IV. **PARLIAMENTARY TRAINING:** There was no parliamentary training.

V. **PUBLIC COMMENT:** Ms. Walker, from L.A. Shanti, spoke about the Love+ Program, a prevention for positives program offered in English and Spanish, for gay and bisexual men and women of color. The program is a relationship workshop for couples or those interested in being in a relationship.

VI. **STANDING COMMITTEE REPORTS**

A. **Priorities and Planning (P&P) Committee:**

1. ***Comprehensive Care Plan:*** Mr. Land reported that Jo Messore, Title I Project Officer, had written in a February 11, 2003 email that the evaluation section of the Comprehensive Care Plan had the greatest need for enhancement—noting that while goals and objectives are well-defined, evaluation of progress is not. Services evaluation, she wrote, depends on the building blocks of standards and measurable outcomes developed by the Planning Council and incorporated into monitoring done by the grantee. Mr. Land said the assignment of responsibility for implementing the Comprehensive Care Plan needs to be more clearly defined between the Commission and the Grantee to address evaluation issues even as strong cooperation is maintained.
2. ***Priority- and Allocation-Setting Process:*** The priority- and allocation-setting process was presented in February but due to the length of the meeting, it was decided that it was an important enough topic to present a shortened version again.
 - Currently, there are 21 steps for the process. It is more complete than last year's and will be further enhanced for next year's process.
 - Service needs assessment is about to be enhanced by a new series of ongoing, IRB-approved studies.
 - Mr. Land said the Continuous Data Collection process will allow data queries for consumer needs, barriers, quality assessment, consumer satisfaction and utilization to inform priorities- and allocation-setting.
 - HIV/AIDS Care Assessment Project (H-CAP) is a new, two-component, continuing, consumer data collection program. One component is an annual questionnaire of 800 PWHIV/AIDS stratified for a representative population over time. The other is a focus group component to add depth and explore emerging trends. H-CAP will provide information needed for the priority-setting process, as well as to help develop and modify services and the service delivery system.
 - Providers are being asked to assist with random client selection and the consent procedure for participation.
 - While H-CAP will most likely be exempted from IRB in the future, it was decided to seek IRB approval the first time in order to cover all bases as it is launched.

Ms. Broadus raised five areas for further consideration: 1) what percentage of this section, as it relates to priority- and allocation-setting is part of the application; 2) where does SOC fit within priority-setting; 3) are the current City of Los Angeles gang research studies being considered as they relate to emerging populations; 4) how is data from other areas, like substance abuse and mental health, being accessed, especially in terms of accessing funding from other sources; and 5) how does H-CAP relate to Title IV. Mr. Hauptert responded that the questions would be reviewed in P&P and answers sent to Ms. Broadus and the Commission.

Ms. Watt expressed her concern that presentations had to be made twice to accommodate members who did not attend the last meeting or left it early, that it was their responsibility to brief themselves on the information, and that it was insensitive to other members' schedules.

3. ***Commissioner Pledge:*** Mr. Hauptert reminded Commissioners to complete and turn in the pledge of support for the priority- and allocation-setting process provided in the meeting packet.
4. ***Cross-Title Collaboration:*** Mr. Land reported all-Titles collaboration was ongoing in the County. The collaborative group, with representation from each Title, has requested support staff from the Commission. Estimated duties would require about 5 staff hours per month, and a budget request was included in the packet. It would not add expense to the Planning Council budget. Ms. Kaplan said she was involved and believed it was an important, overdue activity since Los Angeles has grantees for HRSA Title I, Title II, about a dozen Title IIIs and two Title IVs, as well as SPNS, dental reimbursement and AETC. The request was approved without objection (**MOTION #3**).
5. ***Task Force Communications:*** A sample letter to enhance communication with the Task Forces was included in the packet for informational purposes.

B. Standards of Care (SOC) Committee

1. ***AETC Overview:*** Mr. Ballesteros noted that Dr. Younai was unable to attend because she was out-of-town. However, as part of the dissemination strategy for standards in Los Angeles County, the SOC Committee invited representatives of the Southern California AETC sites to present on the scope of their roles and responsibilities. The speakers today were: Jean Davis (Charles R. Drew University); Tom Donohoe (UCLA), and Sue Lemme (USC).
 - There are 15 sites in the Pacific AIDS Education Training Center (PAETC) group, five of which are in Southern California. It was established in 1988 by RWCA with HRSA funding. There are 11 AETCs covering the entire United States.
 - At USC, capacity building is the core mission and is addressed through training health care professionals, clinical education, consultation, evaluation, needs assessment and technical assistance, through Level 1 (conferences), Level 2 (workshops), Level 3 (clinical training), consultation (e.g., chart review and systems analysis), and websites (continuing medical education and pharmacy).
 - The UCLA site follows the same structure described for USC with an emphasis on medical issues and medical health providers, sponsoring the annual Coping With Hope Conference for mental health providers and the only full-day HIV training for the Department of Mental Health.
 - The National Minority AIDS Education & Training Center (NMAETC) is charged with building capacity for HIV care among minority health care professionals and health care professionals serving communities of color: creating a better clinical model by training the entire facility, on-site clinical consultations and workshops, a virtual Internet program, support for network meetings, preceptorships, clinical consultations, technical assistance and CQI.
 - The Drew University focus is increased provider cultural competency and sensitivity, increased ability for provider clinical and psychosocial care for the African-American and Latino communities; currently a book is offered on cultural competency for African-Americans and another is being completed for the Latino community spearheaded by the University of Texas.
 - UCSF offers a national “warm line” through its School of Medicine for pharmacists, clinical practitioners and physicians to ask questions for answer within 24 hours. A 24-hour “hot line” is available for Post-Exposure Prophylaxis (PEP) questions on occupational exposure.
 - Many sites, including UCLA, receive MAI funding directly from HRSA that is used to target additional providers like those for mental health and transgenders.

Mr. Hauptert noted an AETC seat had been recommended for the new membership structure, but suggested regular participation by the AETC on the SOC and P&P in the meantime. It was noted that members Jordan and Younai represent AETCs and Dr. Jerry Gates has actively participated in SOC.

Dr. Jordan asked how many physicians have been trained. Ms. Davis estimated about 500 physicians since 1988. Mr. Donohoe added that the focus has changed over the last 10 years from training primary care providers to identify and treat to currently training fewer people to be more expert. Ms. Davis added there is an emphasis on reaching people at the beginning of their careers.
2. ***Case Management Standards of Care:*** Dr. Jordan presented the revised HIV/AIDS Psychosocial Case Management Standards of Care, presented the prior month for comment, for approval. They were approved without objection (**MOTION #4**). Ms. Broadus asked if a similar standard was being developed for self-help. Dr. Jordan replied that it was an SOC priority.

C. Recruitment, Diversity and Bylaws (RD&B) Committee

1. ***Membership Nomination:*** Mark Briggs’ nomination for the Gay/Bisexual Men (+) alternate seat was approved without objection (**MOTION #5**).
2. ***Ordinance Review Recommendations:*** Mr. Butler reported that the only change forwarded was the Ad Hoc Membership group’s request that non-voting seats be retained (3.29.030), to which the RD&B Committee agreed. Mr. Hauptert noted that other County departments would formulate the actual Ordinance language. The recommended Ordinance changes were approved (**MOTION #6**).

D. Joint Public Policy (JPP) Committee:

1. ***Approved Resolution/Municipal Strategy:*** Mr. Engeran said that there had been an advocacy meeting the prior Monday in Sacramento, and complimented SCHAC and its partners for their coordination of the event. He noted that the resolution passed by the Commission was endorsed by the Board on Tuesday, February 17, 2004. He expected it to be presented to the Long Beach, West Hollywood and other City Councils in the forthcoming weeks.

2. **Recommended Commission Membership Seats:** There have been two meetings between the Commission's Ad Hoc Membership workgroup, DHS, CAO, County Counsel and Auditor-Controller. The Commission's initial recommendations were presented, some changes were negotiated, and the final total membership of 42 (three non-voting) has been forwarded.

Mr. Page asked about alternate seats. It was noted that alternate seats for HIV+ members are in the structure, but only step in when a Commissioner is absent, so are not specifically listed. Mr. Perry felt there needed to be specificity regarding provider seats to ensure that special populations were represented. Mr. Hauptert added that Recommendation 2 embodies support of broad representation in the selection process.

- E. **Finance Committee:** Ms. Bailey reported that the February meeting was cancelled, but there would be an extended meeting coming up focusing on the budget with recommendations to be forwarded to P&P. She noted that the Public Health Laboratory had initially been expected to spend \$1.3M on assay testing, but wasn't currently demonstrating spending at that level. She said the Committee hoped that the complete report would be available in April.

VIII. OAPP REPORT

- A. **Miscellaneous:** Mr. Henry noted the Capacity Building RFP is in the review process, so funding information should be available soon. The Client Advocacy RFP, consistent with on-going discussions with P&P, has been released. The newest component in that RFP is to conduct on-going, consumer-focused training in each SPA on accessing benefits.

Mr. Henry introduced Dr. Michael Green, the new director of Planning and Research, a division formed by the merger of Planning and Development and Research and Evaluation Divisions at OAPP. He previously was director of the St. Louis AIDS Office that includes the EMA covering Illinois and Missouri, and was responsible HIV care, prevention and housing activities.

Finally, Mr. Henry reported that Mercer Human Resource Consulting had been selected to conduct the medical outpatient review. Mercer presented their Substance Abuse/Residential Rate Study to the Health Deputies the day before and it was well-received. Mr. Henry said staff had been directed to ensure the Commission was included as full participants in the rate study process. Rene Seidel, State Grants Manager, will be the lead coordinator on the project.

As was verbally announced last month, the first memorandum in the packet announces Raymond Johnson, Chief of Staff, as the OAPP liaison to the Commission.

- B. **Title I Award:** The second memorandum is to the Health Deputies on the Year 14 Title I Award and the resulting reduction in funding. Following the memorandum are copies of the Notice of Grant Award along with its terms and conditions, as well as the Summary Report of the Application. Mr. Henry noted that the Summary Report notes 64 strengths and only 4 weaknesses, with at least two of the weaknesses being inaccurate.

Mr. Freehill presented an analysis of the award in light of the overall funding available.

- The Formula portion of the award is based on two components: 1) estimated living AIDS cases and 2) "Hold Harmless" The Supplemental portion of the award is competitive. One-third of points are awarded for "Severe Need" and one-quarter for Conditions of Award.
- Minority AIDS Initiative (MAI) funds are part of the Supplemental portion of the award, but takes into account living AIDS cases among people of color.
- This is the first year that the RWCA funds overall were reduced. The Los Angeles EMA award was reduced from almost \$40M to about \$36.6M, roughly a \$3.3M reduction or about a 6.4% reduction of the overall funds available. There are decreases in each area of the award. Among the 51 EMAs, 40 saw a net decrease in funding and only 11 a net increase in Year 14.
- One way to evaluate how well one's application did is to compare the average ratio of Supplemental to Formula award if everyone did equally well, which is 80.6%, to the ratio represented by the award granted. He noted that it is not a strict representation of scores, because it's based on "all things being equal" in the application. By that standard, Los Angeles ranked fourth in the country, with a ratio of 87.1%. The other three jurisdictions ranking higher by this calculation all lost funds. While the distribution of potential points is public, EMA application scores are not.

Mr. Henry noted that one issue for the next reauthorization is more transparency in how awards are made and how EMAs fare competitively. It is clear that New York invested in improving their application, including selecting the Los Angeles application from among 20 others to use as a model for theirs. In addition, they advocated

strenuously. Mr. Henry said the JPP could lead a reinvigorated effort to do the same for Los Angeles, including better coordination among local bodies like the Health Department, OAPP and the Commission.

Mr. Engeran said the discussion reflected a concern about the ground rules. If they are equitable, then lobbying should be of no consequence. If they have changed, and that answer seems unclear, then Los Angeles should change its approach. Mr. Henry said he and Mr. Freehill would be meeting with HHS representatives in Washington on if the calculations were run properly and on the issue of transparency in the process. Mr. Land said many peers had suggested Los Angeles increase work to lead California as a team. He also recommended PWAs be part of Washington discussions. Mr. Henry replied there were multiple venues for lobbying, including larger efforts and small health services meetings like that he would be attending in Washington.

Ms. Broadus said she heard three issues: 1) transparency of the RWCA process, 2) assurance that the legislative mandates were being followed, 3) clarity around scoring and ranking of applications. Mr. Henry added that the fact that appropriations were reduced in the face of a 14% increase in AIDS cases is the underlying problem.

Mr. Henry then presented recommendations on how to address the funding reduction:

- Services have already been contracted in excess of Year 13 funding and Year 14 is \$3.3M less.
- The Title II Consortia award is anticipated in the next 30 days, but may also be less.
- Commission approved priorities need to be respected.
- Every month that adjustments are not implemented makes it more difficult to absorb reductions since funds are being spent. Half of the first month of the grant year has already passed, compressing reductions by that much.
- There is a continuum of options, ranging from identifying increased funding to offset cuts to cutting services.
- The County maintenance of effort is \$15.9 million. Considering County funding pressures, and that maintenance of effort funds are considered to be ongoing rather than one time, it may not be realistic to expect an increase.
- Increasing Medi-Cal reimbursement for services through provider capacity building offers potential support. The amount of funds available through that source is limited since medical contracts already require providers to be Medi-Cal certified.
- It is important that providers adhere to County policies on annual cost reports to ensure they are maximizing other revenue sources before accessing RWCA funds, both to maintain RWCA funds as funds of last resort and are receiving appropriate departmental support.
- Services could be cut an equal percentage across the board. While equitable, that approach does not emphasize prioritization of core services.
- Income and disease eligibility factors could ensure that those most in need receive services.
- Criteria could be developed for each service category in terms of how it fits in the continuum of care hierarchy.

Mr. Land expressed concerns that in some cases clinics are opening across the street from each other. Mr. Henry noted it was important to look at both long-term and short-term solutions. The more pressing issue is the short-term issue. He agreed site location is an area ripe for review.

Ms. Broadus suggested dollars can be better leveraged through increased attention to public-private partnerships. Greater technical assistance is needed to help providers become Medi-Cal certified. The Medical Outpatient rate study should be speeded up to ensure providers are billing Medi-Cal where appropriate and are not double-billing RWCA as well. Mr. Henry noted that Medi-Cal certification takes several months so will not result in short-term savings, especially since all medical outpatient providers are already certified.

Mr. Page noted demographic data clarity was a weakness listed in the grant summary. The Commission sent out letters to all providers to ensure that HIV Epidemiology received the data they needed. He felt that had affected the award. Mr. Henry replied that Gordon Bunch had presented the Commission information on the challenges he had in acquiring data, both in getting providers to submit data and in the loss of one-time grant-funded staff. That will have a direct impact on estimated living AIDS cases in future years, but does not effect the Year 14 grant. He added that the Table 6s were very extensive and were applauded by HRSA.

Mr. Ballesteros suggested that it might be possible to work with the substance abuse division in the Health Department to identify areas where RWCA-supported services might be offset. HOPWA and other housing support services might similarly offset RWCA-supported residential services. In the long range, he suggested a review of HIV funding within Medical Outpatient providers, both to evaluate the percentage of goals they are meeting and the cost for those met goals to ensure reductions are made in regard to utilization and efficiency.

Ms. Watt said it was important to have a plan for dealing with the cuts within 60 days so agencies could respond appropriately and maintain the continuity of services. She asked if the Commission could send a letter to providers advising them of the funding reduction. Mr. Henry responded that OAPP would send out an advisory letter informing service providers of the process and that the Commission was deciding how to address the cuts.

Mr. Hauptert noted that AETC provides training, including around capacity building, so perhaps they could be requested to address the Medi-Cal certification issue. He recommended the Executive and Finance Committees address quickly developing a plan and also emphasize that each level of the system needs to enhance its efficiency.

Mr. Lewis recommended the Finance Committee look at all the categories. While some across-the-board cuts might be enacted, there are also probably commitments already made in some areas. He said services areas could be looked at in such a way as to best retain direct services. He felt politics played a major role in the award decisions, with California as a whole taking an \$8 million cut.

Ms. Adams asked about short-term help from the Board to provide some transitional flexibility. Mr. Henry said the Board could designate one-time only funds that would not pertain to the maintenance of effort rule. For example, one year the Board allocated \$1.2 million to initiate the capacity building program.

Mr. Scott asked how quickly notification could go out to affected providers. Mr. Ballesteros replied that award notification was just received the previous week. Ms. Kaplan asked if providers would be notified of contract reductions pending enactment of a strategy. Mr. Henry responded that would depend on the plan adopted by the Commission. Contracts may be affected differently. The Department has the authority to augment or reduce by 15%, which would be quicker than if it were necessary to go to the Board.

Ms. Watt suggested JPP invite agencies with public policy and client advocacy programs departments to attend the next JPP.

Ms. Broadus offered and the Commission passed two motions (**MOTION #6a and #6b**). Ms. Watt requested, and it was agreed, that all commissioners would be notified of committee meetings pertinent to the motion rather than only members of particular committees in attendance.

IX. HIV EPIDEMIOLOGY REPORT: Dr. Frye deferred the HIV Epidemiology Report until April.

X. CO-CHAIR'S REPORT

- **Presentation of Title I Officer:** Ms. Messoré expressed sympathy with the difficulty of the reductions both in Los Angeles and throughout the country. She thanked Ms. Broadus and Women Alive for sponsoring the reception for her the night before. She said OAPP and the Commission are working extremely hard and have grown notably during her tenure as Project Officer. She said the application was fabulous and she, too, was surprised at the funding reduction.

She affirmed the importance of Peer Support, and reiterated her emphasis on standards of care, outcomes, planning and the use of data to help set priorities and allocations. She reported that she had visited several primary care clinics, especially those that treated a large proportion of Latinos, two days before, and was troubled to find that both African-Americans and Latinos are still often entering care late in the disease. She encouraged the Commission in its pursuit of greater clarity on the subject of the Title I cuts.

- **Commission Transition Update:** Mr. Ballesteros introduced the Commission staffing prioritization motion, which was passed without objection (**MOTION #7**).

XI. PREVENTION PLANNING COMMITTEE (PPC) REPORT: Ms. Talamantes deferred her report, but requested 20 minutes for a presentation on its allocations at the April meeting.

XII. COMMISSIONER COMMENT: There were no comments.

XIII. ANNOUNCEMENTS:

- Mr. Scott announced a 10:30 a.m. forum for HIV/Hepatitis C Co-infection on March 24th at AIDS Service Center.
- Mr. Eastman said the Medical Marijuana Task Force would hold its third meeting this Saturday, 12:00 noon to 4:00 p.m., at the Hollywood Ramada Hotel.
- Mr. Land said SPA 1 went before the Antelope Valley Transportation Authority to improve access throughout the Antelope Valley.
- Mr. Butler said the Urban Church Task Force on HIV in collaboration with Palm Residential Care Facility is sponsoring a healing of AIDS celebration at Home United Methodist Church in West Allis.

XIV. ADJOURNMENT: The meeting was adjourned in memory of Commissioner Richard Corian who passed away the prior week. Both he, and his partner, Michael White Bear Claws were long-time members of the community and advocates of great stature.

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| MOTION AND VOTING SUMMARY | | |
|--|---|---|
| MOTION #1: Approve the Agenda. | <i>Passed by Consensus</i> | Motion Passes |
| MOTION #2: Approve minutes of the February 12, 2004 meeting. | <i>Passed by Consensus</i> | Motion Passes |
| MOTION #3: Approve the proposed allocation of resources to support the Los Angeles County cross-Title collaboration effort administratively. | <i>Passed by Consensus</i> | Motion Passes |
| MOTION #4: Adopt the revised HIV/AIDS Psychosocial Case Management Standard of Care. | <i>Passed by Consensus</i> | Motion Passes |
| MOTION #5: Nominate Mark Briggs as Alternate for the Gay/Bisexual Men (+) seat to the Los Angeles County Board of Supervisors. | <i>Passed by Consensus</i> | Motion Passes |
| MOTION #6: Approve the recommended jurisdiction and structure modifications to the Ordinance, and forward them to the appropriate County departments and the Los Angeles County Board of Supervisors along with recommended membership modifications to the Ordinance. | Ayes: Acosta, Aguilar, Bailey, Ballesteros, Butler, Carter, Engeran, Fuentes, Giugni, Gray, Hauptert, Jordan, Kaplan, Land, Mendia, Ortega, Parra, Palomo, Schwartz, Talamantes, Van Vreede, Watt Opposed: Eastman, Lewis, Perry Abstentions: Adams, Johnson-Heath, Marte, Mejia | Motion Passes Ayes: 22; Opposed: 3; Abstentions: 4 |
| MOTION #6a: Draft a Board of Supervisors letter detailing the Commission's concerns about the Year 14 Title I funding reductions, and asking the Board to send a letter to HRSA that: 1) discusses issues related to the cuts and how they impact the local epidemic--clarifying that although the local epi-demic has not declined, the funding has in relation to other jurisdictions; 2) asks for a description of how HRSA has followed CARE Act legislative mandates and guidelines; 3) requests an explanation of the scoring and ranking of Title I applications from EMAs around the country in relation to the dollars distributed; 4) calls for an analysis of the formula used to distribute Title I dollars nationwide. | <i>Passed by Consensus</i> | Motion Passes |
| MOTION #6b: A joint committee of P&P, SOC and Finance will develop an action plan that delineates which of the following activities can be brought to short-term resolution (3-6 months) and which require long-term (6 months or longer) attention to help ensure that as few Year 14 cost-cutting decisions im- | Ayes: Adams, Bailey, Ballesteros, Broadus, Butler, Carter, Eastman, Engeran, Fuentes, Gray, Hauptert, Land, Lewis, Ortega, Parra, Schwartz, Talamantes, Van Vreede, Watt, Ballesteros Opposed: Giugni, Mendia Abstentions: Scott | Motion Passes Ayes: 19; Opposed: 2; Abstentions: 1 |

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| <p>pact clients as possible:</p> <ul style="list-style-type: none">> defining eligibility screening standards;> leveraging other funding streams from LAC DHS (e.g., substance abuse, mental health) and other public agencies (e.g., LAHSA, Housing Authority, HOPWA);> collaborating with the AETCs on Medi-Cal certification trainings for providers;> analyzing cost review and contract compliance to determine multiple billing practices (e.g., third party reimbursement, last resort);> developing mechanisms to determine "last resort" funding and services;> analyzing utilization of services tied to quality management indicators; and> coordinating efforts with LAC Medi-Cal HMOs (both public and private). | | |
| MOTION #7: Adopt the proposed staffing prioritization as guidance for hiring new Commission staff. | <i>Passed by Consensus</i> | Motion Passes |